DOCUMENT RESUME

ED 229 661 CE 036 090

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TITLE Geriatric Care. Module No. V. Health Occupations Education II.
INSTITUTION South Carolina State Dept. of Education, Columbia. Office of Vocational Education.
PUB DATE 83
NOTE 43p.; For related documents, see CE 036 086-091, and instructor's manual for entire course, CE 036 085.
PUB TYPE Guides - Classroom Use - Materials (For Learner) (051)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Aging (Individuals); Allied Health Occupations; *Allied Health Occupations Education; Behavioral Objectives; Check Lists; Competency Based Education; *Death; *Geriatrics; *Health Occupations; Health Personnel; Job Skills; Learning Activities; Learning Modules; Medical Education; *Medical Services; Older Adults; *Patients; Secondary Education; Student Evaluation; Technical Occupations
IDENTIFIERS *Postmortem Care

ABSTRACT

This package of three modules on geriatric care is one of six such packages containing a total of 46 modules that comprise Health Occupations Education II, the second course of a two-year course of study. Each module may contain some or all of the following components: introduction, directions, objectives, a list of learning activities, student information sheets, student assignment sheets, student self-checklists, a description of check-out activities, an evaluator's final checklist to assess student performance, and a student self-check key. Module titles are (1) Geriatrics or the Care of the Aging; (2) Care of the Dying Patient; and (3) Postmortem Care. (YLB)

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Module No. V

GERIATRIC CARE

HEALTH OCCUPATIONS EDUCATION II

South Carolina Department of Education, Charlie G. Williams, State Superintendent

ED360090

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Module No. V-A

GERIATRICS,

OR THE CARE OF THE AGING

GERIATRICS, OR THE CARE OF THE AGING

INTRODUCTION

Aging is a natural process that begins at birth and progresses throughout life. During this time, a person gains a wealth of knowledge, skills, values, and thoughts and develops into a unique person. The population of elderly people is increasing social and financial concerns. As a result, careers related to the concerns of the elderly are also increasing. In this module you will learn about the aging process and the need for a special emphasis in health care to meet the increasing needs of the elderly.

DIRECTIONS

Before you begin work on this module you should have completed Health Occupations Education II, Modules IV A-K on anatomy and physiology. Read the Objective. If you think you are able to perform this task, read the Check-Out Activities. Then either arrange with your evaluator to do the Check-Out Activities,

or

If you need to complete learning activities in order to be able to perform this task, locate the section on Learning Activities and go through them in the order in which they are listed.

OBJECTIVE

Given selected instructional exercises on the care of the aging, you will be able to identify at least three physical, mental, and emotional changes that occur during the aging process and identify and/or execute two techniques (per area of need) for adjusting care to meet the hygienic, dietary, safety, and rehabilitative needs of the elderly.

Mastery will be determined by scoring ___% on a teacher-prepared written examination.

LEARNING ACTIVITIES

1. READ and STUDY Student Information Sheets Nos. 1-4.

2. WRITE and LEARN definitions for terminology listed on Student Assignment Sheet No. 1.

3. VIEW Trainex filmstrip No. 455, "Growing Old in America,"

   and/or _____.

4. COMPLETE Student Self-Check. Record your answers on a separate sheet of paper.

5. WRITE a short report on the term *old* and your candid, personal feelings about growing old (Student Assignment Sheet No. 2).

6. SELECT one elderly individual (over 65) who lives alone. Visit and interview this person about his/her life. Phone or visit this person at least 3 times a week for two weeks. Write a diary-type report (Student Assignment Sheet No. 3).

7. SELECT a topic from the list on Student Assignment Sheet No. 4. Research this topic and give a short report to the class.

8. PARTICIPATE in class discussions and reports of classmates.

9. ARRANGE with your evaluator to complete this module by going through the Check-Out Activities.

STUDENT INFORMATION SHEET NO. 1 – GERIATRICS; PSYCHOLOGICAL, EMOTIONAL, AND PHYSICAL CHANGES

Introduction

The elderly in America have traditionally been viewed as a mindless, diseased, and irrelevant segment of the population. But people of all ages are beginning to recognize that the elderly have been the victims of stereotyping and negative cultural conditioning about the aging process and about old age itself.

Currently, there are over 24 million people over the age of 65 in the United States. The number of elderly citizens is expected to more than double by the turn of the century. Many people are seriously concerned with the second-class citizenship to which much of the elderly population has been subjected and are beginning to challenge many of the myths and attitudes that shape our beliefs about aging.

Among the most prevalent myths is that old age is always accompanied by disease and physical disability. Old age is not a disease. Aging is an inevitable process that begins at the moment of birth. What we usually think of as the common afflictions of old age are actually symptoms of specific diseases or disorders, many of which can be prevented or successfully treated.

Another myth is that old age is a time of uselessness, isolation, and loneliness. None of these conditions is necessarily a result of age, but rather is brought about because of forced retirement, the death of close friends and family, the lack of useful or purposeful work, poverty, and limited social interaction and activity.

The mythology and negative expectations of old age do more to create the undesirable conditions associated with this period of life than anything else. It is unrealistic and unfair to lump all old people together and dismiss them as "ugly, tired, and sick." There are old people whose energy, spirit, and commitment to life prove that to them, indeed, every moment of life is a gift—to be fully experienced and appreciated. It is not necessarily bad to be old.

During the aging process, the person gains a wealth of knowledge, skills, values, and thoughts. By the time the person reaches old age, he/she has developed into a very special person with his/her own personality characteristics (physical, mental, and social) and ideas.

The life span continues to expand as the years progress due to control of disease. In the early 1900's, only 24% of the population would reach 65. Today, the average age span for females is around 78 and for males around 74. Women tend to outlive men about 2 to 1.

Geriatrics is a word of Greek origin which means "care of the elderly." Gerontology is the study of the aged and the aging process. The word aged means old and generally refers to those over 75 years of age. The elderly have the same basic needs as anyone else—love, affection, adequate food, shelter and income, sense of security, peace of mind, health needs, and a sense of purpose and direction. They need to be treated as valued members of society.

Phychological and Emotional Changes

By the time a person reaches old age, his/her personality and ways of communicating are firmly established. It is socially and economically advantageous to hide undesirable traits when trying to make a good impression in the younger years. The older individual feels that he/she no longer has to make a good impression and allows traits to show. This makes it seem as if the person is having a personality change.

As was stated before, the needs of the elderly person are the same as anyone else; but the ways open to receive satisfaction of these needs are not available for them. As a person gets older the opportunities for social exchange are greatly reduced, especially if the individual is confined to a nursing home or does not drive.

The older person's self-image is lowered with advancing age. This is due to various causes.

A. The general attitude of this world concerning older people
B. Physical changes – failing eyesight and hearing, graying of hair, wrinkles, loss of muscle tone
C. Retirement brings on a loss of social value, financial security, and occupational identity
D. Physical ailments and loss of physical strength, decreasing ability for socialization and travel
E. Lack of transportation requiring one to have to ask for assistance and lose independence
F. Loss of spouse, family, and home, often lowering self-image
G. Maturing of children, often causing one to lose identity as provider and leader

Not all people go through a change in their self-image. Those who involve themselves in community or church activities or do volunteer work find this not to be as big a problem as those who do not participate.

Those people that adjust to old age in the healthiest way view aging as a natural progression in life. They concentrate on the positive aspects rather than the negative and accept the present instead of living in the past. Much of this behavior is modeled after the person's grandparents or other old people who exhibited such behavior.

Old people tend to act in the same way as when they were young. If they were well adjusted then, they probably will not have too much trouble adjusting to old age. Those that had some problems when younger are apt to be the ones who have difficulty adjusting.

Personality characteristics can change with advancing age and can be exhibited in the form of some of the following traits.

A. Defensiveness
B. Hostility
C. Sensitivity
D. Anxiety
E. Self-punishment
F. Aggressiveness

Older people may exhibit some of these traits very openly or they may not be as obvious. Some traits that can be seen easily are:

A. Lack of caring for personal hygiene or environment
B. Incontinence
C. Refusal for fluids to be given to them
D. Refusal to participate in social activities

Fear is a very common experience for older people. This fear may be expressed in several ways.

A. Depression – crying, self-pity
B. Withdrawal – confusion, lack of communication, disorientation

Older people experiencing these fears can be helped by assuring them that they can cope with the changes and that they will not be left alone in case they are unable to care for themselves.

Your role in caring for the elderly is very important. You might be the only one who is providing the patient with a positive, stable relationship, and the only one who is encouraging the patient. Here are some things you can do to help the patient.

A. Allow the patient to care for himself/herself as long as possible.
B. Accept the patient and his/her behavior.
C. Encourage family members to accept the patient and his/her behavior.
D. Communicate with the patient by means of touching and listening.
E. Provide social activities and meaningful recreation.
F. Provide good nutrition.

The health care worker/patient relationship is of extreme importance in geriatric therapy.

Physical Changes

Physical changes during aging occur at different times in different individuals. Some people exhibit physical signs of aging at an early age.

The most common physical complaint of the elderly is tiring very easily. They usually do not require as much sleep at night as before, but often need to take short naps to keep going during the day.

Each system is affected by aging.

A. Nervous System

Nerve cells die and are not replaced; therefore, responses are slower to all stimuli. The tactile sense is diminished, so the person does not feel pain or injury as intense as before. The taste buds die and diminish; therefore, food does not taste the same. Also the sense of smell decreases and causes them not to recognize body odors that may be offensive to others.

Sight and hearing decreases with age and can cause physical and emotional problems if not corrected. Some people resist the corrective devices thinking it makes them seem older, but without them they probably will feel left out.

Elderly people have a tendency to fall more frequently than before and this is usually attributed to three factors.

1. Less flexible joints
2. Decreased reflex reaction time
3. Decreased proprioception (reaction to stimuli)

B. Musculoskeletal System

1. Loss of muscle strength, size, and tone
2. Weakening of organ walls
3. Slower response to nervous system
4. Bending of spine and falling forward of chest
5. Decrease in height due to thin intervertabral discs
6. Brittle and porous (soft) bones-osteoporosis
7. Arthritis (more common in women)

C. Respiratory System

1. Lung volume decreasing
2. Alvicoli enlarging and losing elasticity
3. Shortness of breath
4. Voice becoming weaker and higher because of changes in larynx

D. Excretory System

1. Kidneys getting smaller
2. Decrease in urine output
3. Nocturia
4. Problems emptying bladder due to loss of muscle tone

E. Cardiovascular System

1. Vessel walls hardening
2. Decrease in blood pressure
3. Cardiac output decreasing
4. Heart becoming smaller

F. Digestive System

1. Decrease in absorption of iron, causing anemia
2. Decrease in efficiency of peristalsis (therefore elimination problems)
3. Change in bowel habit because of less activity and change in diet
4. Lack of good teeth, often causing problems with eating

G. Endocrine System and Reproductive System

1. Vaginal secretions decreasing which can cause vaginal inflammation
2. Sexual activity need not change with age; sexual relationships are still needed and desired

H. Integumentary

1. Loss of adipose (fat) and water causing wrinkling and sagging
2. Dryer skin due to less active sebaceous glands (skin tends to be more sensitive)
3. Brittle nails
4. Slower healing of skin injuries due to poorer circulation
5. Skin pigmentation due to sun exposure
6. Loss of pigment in hair probably due to circulation decrease
7. Loss of hair

I. Special Senses

1. Sight
   a) Vertical misperception causing imbalance
   b) Difficulties adjusting from a well-lighted room to a poorly-lighted room
   c) Decrease in vision causing feelings of isolation, helplessness and fear when being touched without being spoken to or not being aware of another's presence
   d) Ways To Help
      (1) Provide adequate lights for reading and for patient instruction.
      (2) Reduce glare.
         (a) Avoid polished floors and enameled walls.
         (b) Avoid glare when using light.
         (c) Dark glasses may be of help.
      (3) Speak clearly.
         (a) Face the patient when speaking.
         (b) Never cover your mouth when speaking.
      (4) Have patient wear his/her glasses when giving any kind of instruction.

(5) Use colors wisely.
  (a) Blues and greens are harder to see.
  (b) Place dark lines where walls and floors meet.
  (c) Place black or yellow lines on stairs.
(6) Provide larger labels on medication containers.

2. Touch

The ability to grasp may decrease with age because of the natural wasting away of the muscles to disease such as arthritis. Due to the impairment of the muscles, several problems may arise.

a) Positioning the toothbrush may be difficult. This can be overcome by
  (1) A stretched toothbrush handle for the patient with limited arm and shoulder movement
  (2) Elasticized wrist bands eliminating the need for grasping
  (3) Handle shaped to the proper grasp of the hand for patients with arthritis
b) Cleaning the dentures may become a problem. This can be overcome by
  (1) Washing the denture over a sink lined with a towel and filled with water, preventing broken dentures due to dropping
c) Ways to help psychologically
  (1) Have patience.
  (2) Give help only as it is needed.
  (3) Listen to their complaints.

3 Hearing

Two types of hearing loss exist.

a) Conductive hearing loss (dysfunction of the outer or middle ear which involves damage of the entire sound range)
  (1) Patients speak in low range.
  (2) Tinnitus (Patient is sensitive to background noise.)
b) Sensori-neutral impairment (dysfunction of the inner ear which affects pitched sound)
  (1) Patient misunderstands consonants spoken in softer and higher pitches.
  (2) Patient speaks with a loud voice and slurred speech.
c) Ways to help
  (1) Talk to patient face to face.
  (2) Speak in a moderately loud voice.
  (3) Make directions clear and simple.
  (4) Always demonstrate after directions.
  (5) Try to eliminate background noise.

4. Taste

a) Loss in taste sensation
  (1) Adults 74-85 years old only have 88 taste buds per papilla (children have 248).
  (2) Loss of taste buds located in the hard palate, walls of throat and central upper surface of the tongue occurs.
  (3) Loss of taste buds causes the elderly to eat more sweet foods and fluids.
b) Problems with dentures
  (1) Dentures require twice the chewing time that natural teeth require.
  (2) Dentures have one third the biting force of natural teeth.
  (3) Unclean dentures cause bad breath.
    (a) Destroying the appetite
    (b) Interfering with the flavor of the food
c) Increased number of cavitites due to
  (1) Reduced salivary flow
  (2) Less buffering action by saliva

(3) Saliva is very mucinous
(4) Inability to clean teeth properly

d) Ways to help
(1) Recommend 4 or 5 light meals instead of 3.
(2) Recommend sugar free and diabetic foods.
(3) Suggest adding herbs and condiments to add more flavor to the foods.
(4) Serving foods hot will make the patient more aware of food smell and taste.
(5) Recommend adequate protein for healing and good nutrition. Fish is an excellent choice.
(6) Tenderized meat with tomato or lemon juice should be suggested for patients with dentures because of the reduced chewing pressure. Also, moist meatloaf or casseroles are good selections.
(7) Large pieces of raw vegatables and fruits may pose a problem with the denture patient. Creamed potatoes is not a good choice because it may cling to the roof of the upper denture.
(8) Suggesting strained baby food is poor psychology. Baby food also lacks bulk and is not stimulating to the appetite.

STUDENT INFORMATION SHEET NO. 2 – GERIATRICS; REHABILITATION, GENERAL HYGIENE, AND DIETARY MODIFICATIONS

Rehabilitation

Rehabilitation of the patient depends a great deal on the attitude of the health worker and others caring for him/her. Rehabilitation means restoration to the maximum limits of the patient's ability. Both short-term and long-term goals may be set, but with the elderly, the short-term goals are usually more important.

Rehabilitation should be an important part of the health worker's own attitude and thinking. It should not be a separate part of the patient's care, but an ongoing process combined with the patient's general basic care.

Prevention is a vital part of the patient's rehabilitation. By changing the patient's position frequently, you can help the circulation and prevent decubitus ulcers. By positioning the patient properly and performing range of motion exercises, you help prevent contractures. Encourage the patient to carry on as many of his/her personal activities as possible. This builds self-confidence and independence.

Goals should be set for every patient, and some long-term goals usually included for rehabilitation are:

A. Independence in activities
B. A larger degree of their own usefulness
C. Increased ability to relate socially

There may be short-term goals that are set and reached before attaining these long-term goals. Also, a patient has not failed if the goals are not reached – the goals may have been unattainable for the particular patient. If this happens, set new goals that are not quite as demanding.

At times, rehabilitation of the elderly can be very difficult because they can be hard to motivate. This process requires a special person working with the elderly individual to give encouragement and praise for each small degree of achievement. Often there is no family support, so it all falls back on the health care personnel. Learn your patient and take into account his/her personal needs, whether emotional or physical. If you show patience and respect, you can help him/her be happier and have more self-esteem as a person.

General Hygiene and Appearance

Hygiene and appearance are very important for anyone and especially the elderly. Besides keeping one's body in good physical shape, it is also important to maintain one's self-image. Promoting good general hygiene in the elderly can add greatly to their sense of well being. Because of certain physical disabilities, the elderly may overlook some areas of their own hygiene. They may not realize how they appear to others.

A. Clothing

A person's clothing is very important to him/her. An individual should be able to choose and wear his/her own clothing, as long as it is not too tight and cuts off circulation or too loose and poses a safety hazard.

Due to failing eyesight, the aged person may not be aware that his/her clothes are soiled. Some tactful assistance may be necessary. Suggestions as to colors and prints may also be helpful if the person seems in doubt about selecting certain items.

The clothes should be easy to put on and should not require strength or fine movements of the fingers to close snaps or button holes. Large buttons are usually more manageable for the arthritic finger. Dresses or shirts that open all the way are usually easier than those that must be pulled over the head.

Shoes should be carefully chosen. Shoes should provide good support and have low, broad heels, especially if the person has difficulty maintaining his/her balance.

Underware should be supportive, if needed, but not restrictive. It should be absorbent and made in such a way as not to rub the skin surface. Garters should not be worn to keep hosiery in place.

B. Oral Hygiene

A healthy mouth and clean, well-cared-for teeth affect the whole body. Teeth and dentures should be cleaned daily on a regular basis. Regular examinations should be performed by the dentist. You may wish to review the section Special Senses – Taste, at this time.

C. Hair Care

Hair care can affect general attitude and personal appearance. Hair should be styled in a way that is attractive and easily kept by the elderly patient or his/her family. Most extended care facilities have a beauty or barber service available. If no service is available, the health care worker must care for the hair. The elderly should be encouraged to maintain the hair as much as possible. This is good exercise for the hands and arms.

D. Facial Hair

Men usually need to be shaved daily. An electric shaver is easier and safer for the patient to use if he has difficuluty with hand movements. An electric razor may not be used if the patient has a pacemaker in place. If the health assistant uses a straight razor for shaving, extreme care must be taken to avoid cutting the patient.

As women age they sometimes have trouble with coarse hair on the chin and upper lip. This hair can be bleached or removed with tweezers or by electrolysis.

E. Hand Care

Fingernails should be cleaned every day along with the bath. A soft brush and orange stick should be used after soaking the hands. The fingernails should be cut and filed regularly.

F. Foot Care

It is especially important to take good care of the feet of the elderly. Poor circulation and lack of care can easily lead to an infection or open sore on the feet and healing may not take place as quickly as in the younger person. Toenails should be carefully filed straight across with the corners filed so that they do not cut or scratch. A patient with diabetes must have a doctor's order to have toenails cut. Warm, loose fitting "footies" or socks may help the feet to remain warm while the pateint is in bed.

G. Skin Care

Keeping the skin clean is important, but a daily bath is not necessary. Partial baths to include face, armpits, genital area and back should be done daily. Dry areas should be gently rubbed with lotions or oils frequently. If an area of the body becomes wet from urine or perspiration, the area should be bathed and powder applied as soon as possible.

The nonambulatory patient must be checked frequently and well-cared-for to prevent any decubitus ulcers from developing. Prevention may be accomplished by the following measures:

1. Keep skin clean and dry.
2. Message bony prominences.
3. Change position every two hours. Maintain good body alignment.
4. Relieve pressure on bony areas by use of sheepskin or foam padding.
5. Use alternating air pressure mattress or water mattress.
6. Provide range of motion exercises – active and/or passive.
7. Provide adequate fluids and nutrients.

Dietary Modifications

Malnutrition can be a problem with the elderly. Their eating habits change for many reasons. They may eat what is easy to prepare or what is appealing to the taste buds rather than what is nutritious. They may be unable to purchase food due to limited income or lack of transportation to the supermarket that has a variety of foods such as fresh fruits and vegetables.

Nutritional Requirements :

The nutritional requirements for the aged are about the same as for any adult, except for the number of calories. Since they are not usually as physically active, they will require fewer calories. Foods may need to be prepared in a way that is easier to chew, swallow, and digest. Meals should be colorful and pleasingly arranged.

Extra bulk may be needed to maintain proper elimination. Encourage the elderly patient to drink plenty of liquids particularly during the day hours. Always provide fresh drinking water at the bedside and offer fluids on a regular basis.

Since eating is a social activity, most patients eat more when around others in a pleasant atmosphere. Allow plenty of time for the meal. All who are able should be encouraged to join others in the dining room for meals.

Special care should be taken when feeding an elderly patient.

STUDENT INFORMATION SHEET NO 3 – GERIATRICS; SAFETY

Safety

Safety is important for everyone and particulary for the elderly. There may be some older people who resent safety regulations and being told to be careful because it shows them they are not as independent as before. Constant carefulness is necessary to safeguard the safety of the elderly.

Causes of accidents come from physical changes in the patient from outside influences. Here are some of these causes.

A. Hypoglycemia – causing dizziness
B. Loss of equilibruim
C. Postural changes – getting up from a supine position too quickly
D. Decreased vision
E. Confusion and forgetfulness
F. Rearranged funiture
G. Unlighted hallways
H. Medicines not clearly identified
I. Trash accumulation

Types of Accidents

A. Falls are the leading cause of accidental death of the elderly. These falls can be cause by various circumstances.

1. Tripping, slipping or climbing
2. Improper shoes causing the elderly to lose their balance
3. Long, loose clothing catching on door or funiture
4. Getting in and out of shower or tub
5. Getting out of bed or reaching from bed to get items

B. Fires and Burns

1. Equipment such as heating pads being used improperly
2. Stove or oven at home
3. Heaters that the elderly can lean against, causing burns or catching clothing on fire
4. Carelessness while smoking or putting out cigarettes

C. Poisoning

1. Forgetting that they have taken medicine, then taking it again
2. Medicines should be clearly labeled. Unused medicines should be discarded.
3. Cleaning materials should be kept in their proper place.

D. Transfer Activities

Moving the elderly patient is often the source of accidental injuries.

1. Transfer from bed to stretcher and/or wheelchair
2. Transfer from stretcher and/or wheelchair to bed

STUDENT INFORMATION SHEET NO. 4 – GERIATRICS; ADJUSTMENTS TO CHANGING NEEDS

The purpose of caring for the aged patient is to adjust procedures to meet the needs of physiological changes of the aging patient. Many adjustments to the changing needs of aging patients must be considered.

Basic Health Care

A. Baths

This procedure is very much the same as for the younger patient.

1. Baths are given less frequently to prevent dryness of skin. Lotions may be applied after bath to prevent dryness.
2. Partial baths are more frequent in the care of the incontinent patient. Avoid strong soaps.

B. Bed Making

The principles of bed making are basically the same with modifications to meet the particular needs of the aged.

1. Provide for additional warmth using lightweight warm blankets.
2. Avoid tight-fitted top sheets.

C. Well-Balanced Diet

The principles of a well-balanced diet with modifications to meet the need of particular individuals are basically the same as for a younger person.

1. Edentuous diets should be made attractive and colorful.
2. Foods should contain elements for increasing or decreasing peristalsis.
3. Fluids may need to be increased during the day and restricted at night. Patients with heart conditions may have to restrict fluids according to physician's orders.

D. Elimination of Wastes

This is a frequent problem with the elderly patient.

1. Poor muscle tone in the intestinal tract and lack of exercise are the usual causes of the problem.
2. Adjustments include the following procedures.
   a) Provide for and establish a regular time for elimination and bowel training.
   b) Give diet consisting of foods that aid elimination.
   c) Refrain from giving laxatives.
   d) Use suppositories when helpful in establishing good habits.
   e) Increase patient's fluid intake.
3. Urinary frequency may be troublesome.
   a) Determine the cause of frequency in urination.
   b) Decrease fluid intake at bedtime.
   c) Assist in developing good habits of elimination.
   d) Toilet train patient.

Provision of a Safe Environment

A. Impaired Vision

This situation may cause problems with the elderly patient.

1. Patient may need assistance while ambulating. Provide handrails in corridors, showers, and beside toilet.
2. Escort the patient when necessary.
3. Keep glasses clean and in close reach. Keep other frequently used items within reach.
4. Good lighting may improve conditions.

B. Hearing Loss

This condition may keep person from understanding instructions. Presbyacusis senile deafness due to damage of eighth cranial or auditory nerve may not be helped by hearing aid.

1. Speak slowly and distinctly.
2. Form words carefully; keep sentences short.
3. Rephrase words as needed.
4. Face the listener.
5. Use facial expressions or gestures to help express meanings.
6. Encourage lip reading.
7. Dimish outside distraction during conversations.

C. Difficulty in Moving

This condition may cause problems.

1. Help in keeping joints and extremities functioning by aiding with passive exercises to prevent joints from becoming "fixed." Encourage active exercise if possible.
2. Change position of bed patients often – at least every two hours.
3. Care for the skin to prevent pressure areas from developing.
4. Use caution when caring for the aged because their bones are fragile and are susceptible to fractures.
   a) Prevent falls.
   b) Lock wheelchairs when getting in and out.
   c) Protect irrational patients by using soft restraints while in wheelchairs.

STUDENT ASSIGNMENT SHEET NO. 1 – GERIATRICS

Write a short definition for each term. Study the meaning and learn to spell each word correctly.

1. Geriatrics
2. Gerontology
3. Senile
4. Senescence
5. Aged
6. Culture
7. Role
8. Retirement
9. Apathy
10. Self-image
11. Osteoporosis
12. Presbycusis
13. Lentiginous senile
14. Keratosis senile
15. Dementia
16. Cataract
17. Senior citizen
18. Arteriolosclerosis
19. Orientation (reality)
20 Medicare
21. Medicaid
22. Rheumatoid arthritis
23. Nuclear family
24. Extended family

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STUDENT ASSIGNMENT SHEET NO. 2

Write your meaning of the word "old" and your candid, personal feelings about older people. Think about your grandparents and friends that are older. Describe the oldest person you know (names are not necessary). Analyze your feelings about elderly people and try to determine if your attitudes stem from those you know or from the way older people have been presented by the media.

STUDENT ASSIGNMENT SHEET NO. 3

Select one older individual or couple (over 65) who lives alone. Visit and interview this person or couple about their life. Allow them to verbalize feelings about their youth, adult working years, nuclear family years, etc. Phone or visit this person or couple 3 times a week for 2 weeks. Write a diary-type report of your initial visit and the follow-up calls or visits.

STUDENT ASSIGNMENT SHEET NO. 4

Select a topic and obtain your instructor's approval. Research the topic in library resources or community resources. Write a report of at least 1½ pages in length. Arrange with your instructor to share your report with your classmates.

1. "Meals on Wheels"
2. Senior citizen organization
3. Day care centers for elderly or aged
4. Abuse of the elderly
5. Recreational facilities
6. Sex and the aged
7. Social Security
8. Medicare
9. Medicaid
10. Diseases of the elderly
11. Role of the elderly in society
12. Increased life expectancy of the average adult past 50 years (consult insurance company for up-to-date figure)
13. Contribution of elderly to society – (number of U. S. politicians, local and world statespersons, ministers and physicians in your communities)
14. Programs and legislation to assist elderly (write your congressperson)
15. Sports for the aging
16. Home health aide
17. Gerontological nurse
18. Gerontologist (physician)
19. National Councing on Aging
20. Senior Citizen Bill of Rights
21. Artist over 65
22. Occupational trends of the elderly
23. Others: _____
    _____
    _____

STUDENT SELF-CHECK

1. The medical specialty which is concerned with the aging process and diseases of aging is called

   A. Gynecology
   B. Pediatrics
   C. Geriatrics
   D. Gastroenteric

2. The present life expectancy is about

   A. 60 years
   B. 90 years
   C. 80 years
   D. 74 years

3. The increase in the number of old people is largely due to

   A. Control of illness
   B. More attention to the elderly health problems and finances
   C. Fewer chronic illnesses among the elderly
   E. None of the above

4. People become old

   A. At the same rate
   B. When they reach 65
   C. When they reach 75
   D. At a very individual rate

5. Changes in self-image are brought about by

   A. Loss of vigor and vitality
   B. Loss of independence
   C. Loss of physical stamina
   D. All of the above

6. The health care worker can build a patient's self-esteem by

   A. Calmly accepting him/her and his/her behavior
   B. Being critical of his/her behavior
   C. Firmly stating what behavior is acceptable
   D. Ignoring him/her until behavior is acceptable

7. The most significant part of geriatric therapy is

   A. Physical care
   B. Health care worker - patient relationship
   C. Occupational activity
   D. Recreational opportunities

8. As people age, the opportunities for satisfying emotional needs

   A. Increase greatly
   B. Decrease greatly
   C. Increase slightly
   D. Remain the same

9. A period of stressful adjustment for the elderly is

   A. Loss of spouse
   B. Retirement
   C. Maturing of children
   D. All of the above

10. Elderly people complain that food does not taste as it used to taste. Your response should be

    A. Ignore it since elderly people often have strange ideas
    B. Explain that changes in their taste buds have caused this
    C. Report it to the cook so he/she can add more spices
    D. Tell the patient it just seems that way, that his/her taste never changes

11. If an elderly patient complains that every one is mumbling these days and thinks they may be talking about him/her

    A. He/she is just cranky
    B. He/she is probably emotionally disturbed
    C. His/her hearing is less acute
    D. None of the above

12. It is easier for an elderly person to dress his/herself if clothes are fastened by

    A. Many tiny buttons
    B. Several small snaps
    C. Large buttons
    D. Hook and eyes

13. A person's identity is reinforced when he/she wears

    A. His/her own clothes
    B. A hospital gown or pajamas
    C. A uniform as other patients wear
    D. A friend's clothing

14. The skin of an elderly person is

    A. More sensitive
    B. Drier
    C. Thinner
    D. All of the above

15. The best way for an elderly women to secure her hose is

    A. With round garters
    B. With a garter belt, or panty hose
    C. By twisting the stockings
    D. None of the above

16. It is best to bath the elderly person

    A. Completely every day
    B. With a perfumed soap
    C. With water to which oil has been added
    D. Completely two or three times a week and partial baths as needed

17. Food needs differ for the elderly because

    A. Caloric requirements are lower
    B. Not all basic food groups are needed
    C. Chewing ability is lessened
    D. Appetites are increased

18. The elderly person will probably eat better if

    A. Food servings are large
    B. Hard rolls are included
    C. The food is chewy
    D. Food servings are small and colorful

19. The elderly diet is most often deficient in

    A. Carbohydrates and proteins
    B. Proteins and fats
    C. Fats and Carbohydrates
    D. Vitamins and proteins

20. The most common accident to the elderly involves

    A. Falls
    B. Burns
    C. Cuts
    D. Bruises

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CHECK-OUT ACTIVITIES

The statements below explain the activities you must be able to complete in order to finish this module. After you complete the activities, your evaluator will rate your performance using the Evaluator's Final Checklist, GERIATRICS, OR THE CARE OF THE AGING.

You will be given an examination of the care of the aging. You will be expected to score a minimum of ___% on the teacher-prepared written examination.

You will receive Student Assignment Sheets Nos. 1-4. You must complete the work and submit it to the evaluator for approval.

GERIATRICS, OR THE CARE OF THE AGING

Student _____

Date _____

Evaluator's Final Checklist

Check the student's performance in the following elements of geriatrics, or the care of the aging.

Place an X in the appropriate box indicating Not Accomplished, Partially Accomplished, or Fully Accomplished. If, because of special circumstances, the item was impossible to complete, place an X in the Not Applicable box.

Performance Level: All items must receive a rating of FULLY ACCOMPLISHED (or Not Applicable). If any items are rated Not Accomplished or Partially Accomplished, the student and evaluator will discuss this and decide which learning activities must be repeated.

	Student Performance			
	Not Applicable	Not Accomplished	Partially Accomplished	Fully Accomplished
Student scored ____% on the teacher-prepared written examination.	[ ]	[ ]	[ ]	[ ]
Student completed and submitted Student Assignment Sheet No. 1.	[ ]	[ ]	[ ]	[ ]
Student completed and submitted Student Assignment Sheet No. 2.	[ ]	[ ]	[ ]	[ ]
Student completed and submitted Student Assignment Sheet No. 3.	[ ]	[ ]	[ ]	[ ]
Student completed and submitted Student Assignment Sheet No. 4.	[ ]	[ ]	[ ]	[ ]

STUDENT SELF-CHECK KEY

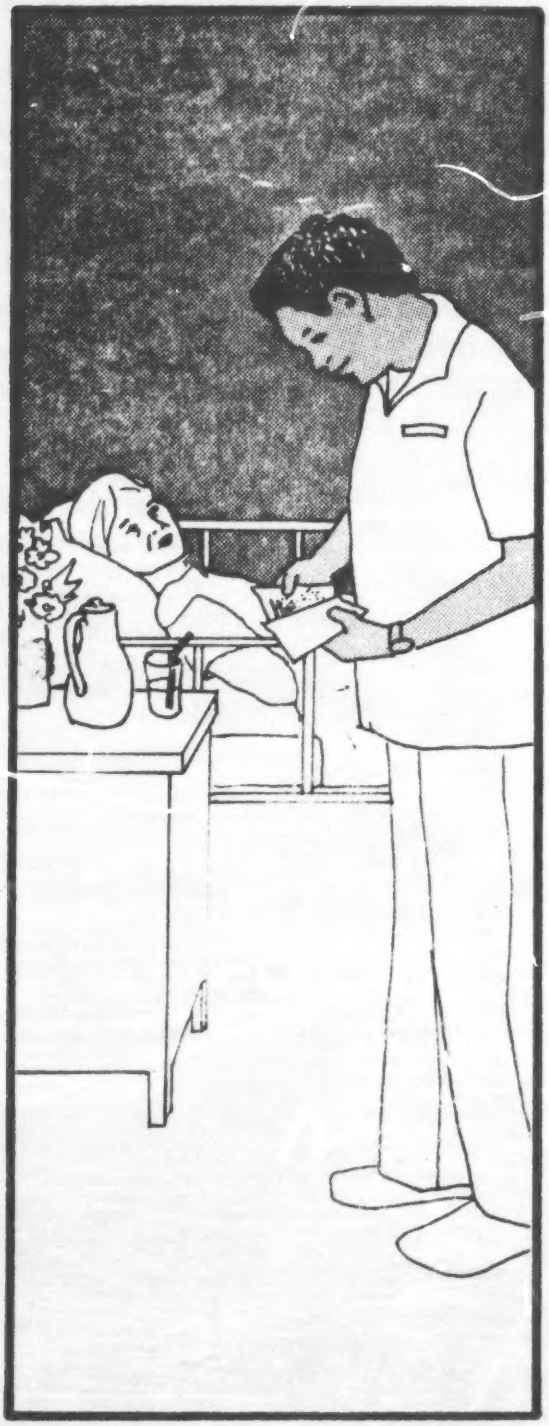
Multiple Choice

1. C
2. D
3. A
4. D
5. D
6. A
7. B
8. B
9. D
10. B
11. C
12. C
13. A
14. D
15. B
16. D
17. A
18. D
19. D
20. A

Module No. V-B

CARE OF THE DYING PATIENT

CARE OF THE DYING PATIENT



INTRODUCTION

Despite advances in technology, medical science cannot cure every illness. You may find yourself caring for a patient with a terminal illness and may be the person giving the last comforting services to the patient. Care of the dying patient also includes being a source of comfort to the family. In this module you will learn about caring for the dying patient.

DIRECTIONS

Read the Objective. If you think you are able to perform this task, read the Check-Out Activities. Then either arrange with your evaluator to do the Check-Out Activities,

or

If you need to complete learning activities in order to be able to perform this task, locate the section on Learning Activities and go through them in the order in which they are listed.

OBJECTIVE

Given selected instructional exercises on the care of the dying patient, you will be able to demonstrate a knowledge of the terminology and basic principles related to the last services to the dying patient by scoring a minimum of ____% on a teacher-prepared written examination.

LEARNING ACTIVITIES

1. READ
   a) *Health Assistant*
      Unit 18, "Postmortem Care," pages 112-115,
   b) *Nursing Skills for Allied Health Services*
      Unit 35, "The Dying Patient and Postmortem Care," pages 700-708,

   and/or _____.

2. VIEW Trainex filmstrip, "Care of the Patient Who is Dying," "Care of the Patient with Terminal Cancer," Department of Mental Health: "Death and Dying Series" (5 films),

   and/or _____.

3. WRITE a short definition for the terminology listed on Student Assignment Sheet No. 1, using *Taber's Cyclopedic Medical Dictionary*.

4. COMPLETE Student Self-Check. Record your answers on a separate sheet of paper.

5. ARRANGE with your evaluator to complete this module by going through the Check-Out Activities.

STUDENT ASSIGNMENT SHEET NO. 1 – CARE OF THE DYING PATIENT

Write a short definition for the following terms.

1. Death
2. Deceased
3. Expired
4. Apnea
5. Cheyne–Stokes
6. Rales
7. Mottled
8. Cyanosis
9. Morgue
10. Embalm
11. Autopsy
12. Postmortem
13. Mortician
14. Authanasia
15. Living will
16. Cremate
17. Rigor mortis
18. Coroner
19. Shroud
20. Pathologist
21. Coroner's case
22. Mortuary

STUDENT SELF-CHECK

1. Name two types of cases classified as coroner cases.

2. Body functions _____ _____as death approaches.

3. The identification tags are completed at the time of death and placed on the _____, the _____, and the_____.

4. When an autopsy is going to be performed, tubes in the body are usually _____.

5. Why should we be cautious about the things said in a dying patient's room?

6. The time of death is determined by the _____.

7. List two reasons that an autopsy is performed.

8. The body is positioned _____; dentures are _____; and the eyes are _____ when caring for the body after the death.

CHECK-OUT ACTIVITIES

The statement below explains the activities you must be able to complete in order to finish this module. After you complete the activity, your evaluator will rate your performance using the Evaluator's Final Checklist, CARE OF THE DYING PATIENT.

You will be given an examination on the care of the dying patient. You must score a minimum of ___% on the teacher-prepared written examination.

Student _____

Date _____

CARE OF THE DYING PATIENT

Evaluator's Final Checklist

Check the student's performance in the following elements of care of the dying patient.

Place an X in the appropriate box indicating Not Accomplished, Partially Accomplished, or Fully Accomplished. If, because of special circumstances, the item was impossible to complete, place an X in the Not Applicable box.

Performance Level: All items must receive a rating of FULLY ACCOMPLISHED (or Not Applicable). If any items are rated Not Accomplished or Partially Accomplished, the student and evaluator will discuss this and decide which learning activities must be repeated.

Student Performance			
Not Applicable	Not Accomplished	Partially Accomplished	Fully Accomplished
[ ]	[ ]	[ ]	[ ]

Student scored ___% on the teacher-prepared written examination.

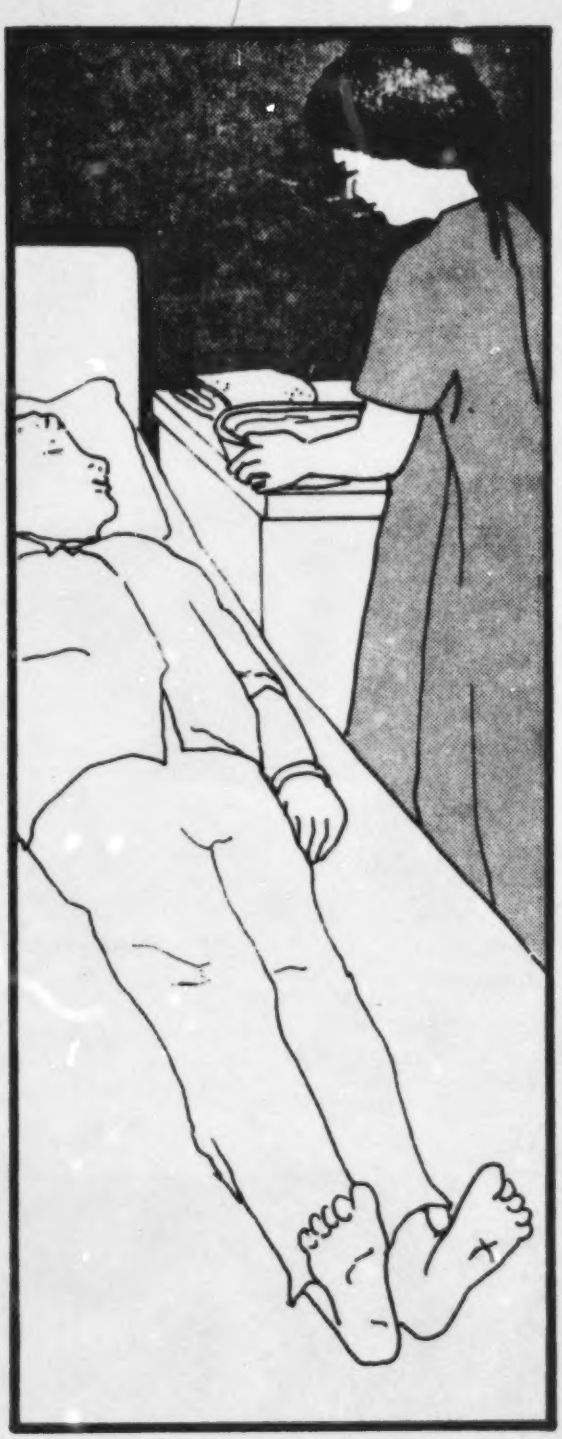
STUDENT SELF-CHECK KEY

1. Unidentified bodies; questionable circumstances surrounding the death
2. Slow down
3. Body; patient's clothing and valuables; compartment in the morgue
4. Left in place
5. Hearing is the last sense to disappear and the patient may hear any conversation.
6. Physician
7. To determine cause of death; to determine pathological conditions
8. Supine; in place; closed

Module No. V-C

POSTMORTEM CARE

POSTMORTEM CARE



INTRODUCTION

After death occurs, the physician pronounces the patient dead and signs the death certificate. It is the responsibility of the health care worker to prepare the body to be taken to the morgue. In this module you will learn to prepare the body after death.

DIRECTIONS

In order to complete this module, you will need:

1. 3 tags
2. Clean gown
3. Basin, soap, water, towel, washcloth, 4x4 gauze cotton balls
4. Rubber bands
5. Envelope for valuables
6. Valuables list
7. Shroud
8. Paper bag
9. Manikin

Read the Objective. If you think you are able to perform this task, read the Check-Out Activities. Then either arrange with your evaluator to do the Check-Out Activities,

or

If you need to complete learning activities in order to be able to perform this task, locate the section on Learning Activities and go through them in the order in which they are listed.

OBJECTIVE

Given selected instructional exercises on post-mortem care, the necessary equipment and supplies, and a manikin, you will be able to prepare the body (manikin) after death. The procedure will be performed according to pre-established medical guidelines. Refer to Evaluator's Final Checklist at conclusion of module.

LEARNING ACTIVITIES

1. READ
   a) *Health Assistant*
      Unit 1, "Postmortem Care," page 114,
   b) *Nursing Skills for Allied Health Services*
      Unit 35, "The Dying Patient and "Postmortem Care," pages 704-707,

   and/or _____.

2. VIEW Trainex filmstrip, "Care of the Patient Who is Dying,"

   and/or _____

3. PRACTICE postmortem care on a manikin.

4. COMPLETE Student Self-Check. Record your answers on a separate sheet of paper.

5. ARRANGE with your evaluator to complete this module by going through the Check-Out Activities.

STUDENT SELF-CHECK

True or False

1. The time of death is determined by the physician.

2. Dentures are removed from the body at death.

3. Stretcher straps are not necessary when transporting the deceased.

4. Soiled dressings are changed before the body is taken to the morgue.

5. Letters and greeting cards of the deceased may be discarded.

6. Jewelry may be left on the body after death.

7. Identification tags are put on the body and the shroud.

CHECK-OUT ACTIVITIES

The statements below explain the activities you must be able to complete in order to finish this module. After you complete the activities, your evaluator will rate your performance using the Evaluator's Final Checklist, POSTMORTEM CARE.

You will be given a manikin and the necessary equipment and supplies to perform postmortem care. You will prepare the body (manikin) after death according to the following standards.

1. Wash hands.
2. Place body in supine position.
3. Close eyes and mouth.
4. Remove jewelry; if ring is to remain, it is secured with adhesive tape.
5. Clean patient's body.
6. Comb patient's hair.
7. Change dressings.
8. Disconnect and remove any tubes or drains.
9. Dress the body.
10. Place identification tags on body and shroud.
11. Remove body according to agency procedure.
12. Care for patient's belongings and valuables.
13. Chart/record procedure.

Student _____

Date _____

POSTMORTEM CARE

Evaluator's Final Checklist

Check the student's performance in the following elements of postmortem care.

Place an X in the appropriate box indicating Not Accomplished, Partially Accomplished, or Fully Accomplished. If, because of special circumstances, the item was impossible to complete, place an X in the Not Applicable box.

Performance Level: All items must receive a rating of FULLY ACCOMPLISHED (or Not Applicable). If any items are rated Not Accomplished or Partially Accomplished, the student and evaluator will discuss this and decide which learning activities must be repeated.

When performing postmortem care, the student:

	Student Performance			
	Not Applicable	Not Accomplished	Partially Accomplished	Fully Accomplished
1. Washed hands.	[ ]	[ ]	[ ]	[ ]
2. Placed body in supine position.	[ ]	[ ]	[ ]	[ ]
3. Closed eyes and mouth.	[ ]	[ ]	[ ]	[ ]
4. Removed jewelry; if ring was to remain, it was secured with adhesive tape.	[ ]	[ ]	[ ]	[ ]
5. Cleaned patient's body.	[ ]	[ ]	[ ]	[ ]
6. Combed patient's hair.	[ ]	[ ]	[ ]	[ ]
7. Changed dressings.	[ ]	[ ]	[ ]	[ ]
8. Disconnected and removed any tubes or drains.	[ ]	[ ]	[ ]	[ ]
9. Dressed the body.	[ ]	[ ]	[ ]	[ ]
10. Placed identification tags on body and shroud.	[ ]	[ ]	[ ]	[ ]
11. Removed body according to agency procedures.	[ ]	[ ]	[ ]	[ ]
12. Cared for patient's belongings and valuables.	[ ]	[ ]	[ ]	[ ]
13. Charted/recorded procedure.	[ ]	[ ]	[ ]	[ ]

STUDENT SELF-CHECK KEY

1. True
2. False
3. False
4. True
5. False
6. False
7. True